

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 790
 2 Township Central Primary Registration District No. 6033
 7 City Clayton St. Louis County Hospital (If nonresident, give city or town and State)
 2. FULL NAME Emil Ligatich (If illegitimate)
 (a) Residence, No. 7928 Hildesheim St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. **24337**

Registered No. _____ Ward) _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Esther Ligatich</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 1 - 1901</u>		
7. AGE	YEARS <u>27</u>	MONTHS <u>8</u>
	DAYS <u>5</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stone Mason</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Croatia</u>		
FATHER	13. NAME <u>John Ligatich</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Croatia</u>	
MOTHER	15. MAIDEN NAME <u>Mary Tomich</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Croatia</u>	
17. INFORMANT <u>Esther Ligatich</u> (ADDRESS) <u>7928 Hildesheim St.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Nov. 10 Interment</u> DATE <u>7/10</u> 1135		
19. UNDERTAKER <u>R. C. Maydell</u> (ADDRESS) <u>1236 Allen St.</u>		
20. FILED <u>July 8</u> 19 <u>37</u> <u>R. W. Sullivan</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 19 33

22. I HEREBY CERTIFY, That I attended deceased from June 15 19 33 to July 6 19 33
 I last saw him alive on July 6 19 33 Death is said to have occurred on the date stated above, at 6:15 P. M.
 The principal cause of death and related causes of importance were as follows:
Septic Hemorrhage Date of onset 3 days
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 Other contributory causes of importance:
Bacterial disease 1 year
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) T. R. Weber, M. D.
 (Address) St. Louis Co. Hosp.

